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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket 8289.89222 **DECLARATION FOR UTILITY OR** Number First Named Inventor **DESIGN** Thorkild ANDERSEN PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Filing Date Declaration Declaration Herewith Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing **Examiner Name** required)

I hereby declare that:  Each inventor's residence, mailing address, and citizenship are as stated below next to their name.  I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  CONTACT LENS, CONTAINER AND INSERT FOR AVOIDING INFECTION OF THE EYE  the specification of which  (Title of the Invention)  the specification of which  or  as United States Application Number or PCT International  Application Number and was amended on (MM/DD/YYYY) (if applicable).  I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filling date of the continuation-in-part application.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application on which priority is claimed.  Prior Foreign Application Number(s)  Prior Foreign Application Number(s)  DK 2004-03-17 2005-03-17  DK 2005-03-17			<b>'</b>	1				
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Dtility or Design Patent Application

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NAME OF SOLE OR FIRST IN	IVENTOR:		etition has been fi	led for this unsid	uned inventor
Given Name (first and middle [i	if any])			y Name or Surn	
Thorkild			ANDE	RSEN	
Inventor's Signature					Date
Residence: City	State		Country	Citize	enship
Hadsten			DK	DK	
Mailing Address Siriusvej 13					
City	State		Zip		Country
Hadsten			DK-8370		DK
Additional inventors or a legal re	presentative are being n	named on the	supplemental she	eet(s) PTO/SB/02A o	r 02LR attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page ——— of ———					
Name of Additional Joint Inventor, if any	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)	Family Name or Surname					
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Residence. Only	Oldio	1	Country		Oluzo	попір
Mailing Address						
City			Zip		DK Country	
City	State			Zip	Count	ту
Name of Additional Joint Inventor, if any	y:	A peti	ition h	as been filed for this un	signed	inventor
Given Name (first and middle (if any)	)	Family Name or Surname				
Inventor's Signature					Date	
Residence: City	State			Country		Citizenship
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Mailing Address						
Mailing Address						
City	State			Zip	Count	ry
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor						inventor
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature	•				Date	
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## **DECLARATION – Supplemental Priority Data Sheet**

Foreign applications:					
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